

ARKANSAS STATE PLANT BOARD
APPLICATION FOR PEST CONTROL EXAMINATION
LICENSING QUALIFICATIONS

Any person wanting a license for Pest Control Service work shall first make application on this form, giving complete information requested. The applicant must prove to the satisfaction of the Board that he is morally and financially responsible. An applicant to be eligible to take the examination in either of the classifications, TERMITE AND OTHER STRUCTURAL PESTS (Class 1) or HOUSEHOLD PEST AND RODENT CONTROL (Class 2), must show proof of at least one year's experience in the classification for which a license is desired or have completed at least two years work in an accredited college or university, including the completion of at least one basic course in Entomology. To demonstrate the ability of the applicant to perform the classification of work for which a license is desired, applicant must pass an examination in his/her own writing, given by a person designated by the Board, who is not interested financially or otherwise in pest control work in Arkansas. The test results being approved by the Board either as having passed or failed said examination as the case may be. The State Plant Board will give examinations on various classifications of pest control work on designated months (see List below). **THE FEE FOR TAKING AN EXAM IN ANY CLASSIFICATION IS \$100.00. THE EXAM FEE MUST BE SENT WITH THIS APPLICATION.** The application must be received at least fifteen (15) days prior to exam date. The application will not be considered unless all enclosed forms are completely filled out, including **complete** mailing addresses and zip codes for all references.

NOTE: Applicant please indicate, by check mark, the categories in which you wish to take examinations.

☐ Basic (EPA Certification) - No Charge

2. ☐ Household Pest & Rodent Control

1. ☐ Termite & Other Structural Pest Control

3. ☐ General Fumigation

The examinations will be given at the Arkansas State Plant Board, #1 Natural Resources Drive, Little Rock, Arkansas, at 1:00 P.M. on the **second Monday** in **JANUARY - MARCH - MAY - JULY - SEPTEMBER - NOVEMBER**. Please circle month you want to test! You will be notified by mail whether you passed or failed the examination.

Company Name: _____ City: _____

Company Address: _____ State: _____ Zip: _____

Date: _____ Phone: _____ Fax: _____ E-Mail _____

Signed: _____ Please print name: _____

(Please make signature legible)

FOR LICENSE YEAR 2006/2007 (7.1.06 to 6.30.07)